

<i>SERFF Tracking Number:</i>	<i>CFAP-125800172</i>	<i>State:</i>	<i>District of Columbia</i>
<i>Filing Company:</i>	<i>Group Hospitalization and Medical Services, Inc.</i>		
<i>Company Tracking Number:</i>	<i>1159</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health Dental</i>
<i>Product Name:</i>	<i>Filing #1159 GHMSI DC Small Group Dental</i>		
<i>Project Name/Number:</i>	<i>DC GHMSI Small Group Dental 200901 eff/1159</i>		

Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.

Product Name: Filing #1159 GHMSI DC Small Group Dental
 SERFF Tr Num: CFAP-125800172 State: District of Columbia

TOI: H10G Group Health - Dental

SERFF Status: Closed-APPROVED State Tr Num:

Sub-TOI: H10G.000 Health Dental

Co Tr Num: 1159

State Status:

Filing Type: Rate

Reviewer(s): Laszlo Pentek

Authors: Dwayne Lucado, Todd

Disposition Date: 10/07/2008

Switzer, Katheryn Barron

Date Submitted: 09/03/2008

Disposition Status: APPROVED

Implementation Date Requested: 01/01/2009

Implementation Date:

General Information

Project Name: DC GHMSI Small Group Dental 200901 eff

Status of Filing in Domicile:

Project Number: 1159

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 10/07/2008

Explanation for Other Group Market Type:

State Status Changed:

Deemer Date:

Created By: Katheryn Barron

Submitted By: Katheryn Barron

Corresponding Filing Tracking Number:

Filing Description:

This filing contains the rate proposal for Group Hospitalization and Medical Services, Inc. (GHMSI) dba CareFirst BlueCross BlueShield's Small Group (2 - 50 contracts) regional dental coverages, with an effective date of January 1, 2009. Please refer to the Cover Letter (Supporting Documentation) and Actuarial Memorandum (Rate/Rule Schedule) for more details.

Company and Contact

Filing Contact Information

Katheryn Barron, Actuarial Assistant
 10455 Mill Run Circle

katheryn.barron@carefirst.com
 410-998-5716 [Phone]

SERFF Tracking Number: CFAP-125800172 State: District of Columbia
Filing Company: Group Hospitalization and Medical Services, Inc.State Tracking Number:
Company Tracking Number: 1159
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health Dental
Product Name: Filing #1159 GHMSI DC Small Group Dental
Project Name/Number: DC GHMSI Small Group Dental 200901 eff/1159

Owings Mills, MD 21117 410-720-5946 [FAX]

Filing Company Information

Group Hospitalization and Medical Services, CoCode: 53007 State of Domicile: District of
Inc. Columbia
840 First Street NE Group Code: Company Type: Hospital, Medical &
Washington, DC 20065 Group Name: Dental Service or Indemnity
(410) 581-3000 ext. [Phone] FEIN Number: 53-0078070
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number: CFAP-125800172 State: District of Columbia
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Actuarial Justification Comments: Attachment: GHMSI Actuarial Cert_DLL.pdf	APPROVED	10/07/2008

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: 1159 GHMSI DC SERFF Cover Letter.pdf	APPROVED	10/07/2008

	Item Status:	Status Date:
Satisfied - Item: NAIC Transmittal Doc Comments: Attachment: 1159 NAIC Transmittal Doc.pdf	APPROVED	10/07/2008

ACTUARIAL CERTIFICATION

I, Dwayne Lucado, am a Pricing Actuary with Group Hospitalization and Medical Services, Inc. (GHMSI) doing business as CareFirst BlueCross BlueShield and a member of the American Academy of Actuaries. I have been involved in the development of these rates.

To the best of my knowledge and judgment, this rate filing complies with applicable laws and regulations of the District of Columbia and produces premiums that are reasonable in relation to benefits provided.

Dwayne Lucado, FSA, MAAA
Senior Actuarial Associate
CareFirst BlueCross BlueShield
Mail Drop-Point 01-780
Pricing Department
10455 Mill Run Circle
Owings Mills, MD 21117

September 3, 2008

Mr. Laszlo Pentek
Actuary
Government of the District of Columbia
Department of Insurance, Securities and Banking
Insurance Products Division
810 First Street, NE, Suite 701
Washington, DC 20002-8023



Re: Group Hospitalization and Medical Services, Inc. (GHMSI) dba
CareFirst BlueCross BlueShield
NAIC 53007 (GHMSI)
FEIN 53-0078070
Dental Coverage
Rate Filing for DC Small Group (Our Filing #1159)

Dear Mr. Pentek:

Attached for your review is the actuarial memorandum for Group Hospitalization and Medical Services, Inc. dba CareFirst BlueCross BlueShield's (NAIC# 53007) small group dental coverage for a January 1, 2009 effective date. Below is a summary of our proposal:

Product	Proposed Composite Rate Increase vs 1/1/08 Rates
Indemnity Rider	6.7%
Indemnity FreeStanding	6.7%
PPO Rider	3.4%
PPO FreeStanding	3.4%

The complete pricing analysis can be found on page 4 of the actuarial memorandum. The experience data used in the pricing analysis can be found on pages 6-8.

Below is a table showing the observed trends for small group regional dental business as of 3/31/2008, with two months of runout. Please refer to page 5 of the actuarial memorandum for the pricing trends used.

Product	Observed Trend	% of Claims
CFMI MDSGR	1.7%	10%
BC MDSGR	0.3%	7%
GHMSI MDSGR	-0.6%	48%
BC&GHMSI MDSGR	-0.4%	54%
BC VA/DC	8.0%	6%
GHMSI VA/DC	4.2%	25%
BC&GHMSI VA/DC	4.9%	31%
BC&GHMSI MD Non-SGR	-1.5%	4%
Total	1.3%	100%

The form numbers affected by this memorandum are as follows:

DC/CF/DENTAL RIDER (R. 1/04)

DC/CF/GC-V (9/04)

DC/CF/COC DEN (R. 9/04)

DC/CF/DO-DOCS (R. 1/04)

DC/CF/DO-SOB (R. 1/04)

DC/CF/ELIG (9/04)

We appreciate your consideration of this matter. If you have any questions or concerns, please contact me at (410) 998-5716.

Sincerely,

Katheryn Black
Actuarial Analyst

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of						
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number						
7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission		Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> <div style="width: 45%;"></div> </div>					
9.	Type of Insurance						
10.	Product Coding Matrix Filing Code						
11.	Submitted Documents	<div style="margin-bottom: 10px;"> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div style="margin-bottom: 10px;"> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>					

12.	Filing Submission Date		
13	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p> <p>Print Name _____ Title _____</p> <p>Signature _____ Date: _____</p>	

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1